

State of New Hampshire 2013 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 293-A:16.22. REPORT DUE BY April 1, 2013

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 04/24/2013

Business ID: 658278

William M. Gardner

Secretary of State

ADDRESS OF PRINCIPAL OFFICE:

557 DW HWY, UNIT 3,

COLLECTABLE ARMS & AMMO II CORP.

557 DW HWY, UNIT 3, MERRIMACK, NH 03054

MERRIMACK, NH 03054				MERRIMACK, NH 03054	
\Box	ENTITY TYPE:	CORPORATION			
	BUSINESS ID:	BUSINESS ID: 6582/8		REGISTERED AGENT AND OFFICE:	
	STATE OF DOMICILE:			OBUKHOV, ALEXEY	
	IMPORT/EXPORT AND RETAIL SALES OF FIREARMS AND			17 MCAFEE FARM RAOD	
8888888888				BEDFORD, NH 03110	
F	AMMUNITION,			BEDTORD, INI 03110	
	If changing the mailing o	r principal office address, please	check the anni	copriete box and fill in the necessary information	
	If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information. The new mailing address PO Box 1282, Merrimack, NH 03054				
2					
The new principal office address 619 DW Hwy, Merrimack, NH 03054 PO Box is acceptable.					
	OFFICE			BOARD OF DIRECTORS	
	OFFICERS NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).			ND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).	
	(MUST LIST AT LEAST ONE OFFICER BELOW) A		117 11711111111111111111111111111111111	(MUST LIST AT LEAST ONE DIRECTOR BELOW)	B
	PRES. Alex Obukhov		DIR.	Nina Obukhov	
	STREET 17 Mcafee Farm Rd		STREET	17 Mcafee Farm Rd	
	CITY/STATE/ZIP Bedford Nh 03110		CITY/STA	TE/ZIP Bedford Nh 03110	
1	V-PRES. Keith Cox		NAME		
	STREET 9 Carriage Ln		STREET		
3	CITY/STATE/ZIP Merrimack NH 03045		CITY/STA	TE/ZIP	
1	NAME		NAME		
:	STREET		STREET		
	CITY/STATE/ZIP		CITY/STA	TE/ZIP	
1	NAME		NAME		
:	STREET		STREET		
	CITY/STATE/ZIP			TE/ZIP	
NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED					
To be signed by an officer, director, or any other person authorized by the board of directors.					
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.					
4					
	Sign her	e: Alex Obukhov			
	Please print name and title of signe	T: Alex Obukhov		/ PRESIDENT	
		NAME		TITLE	

FEE DUE: **\$150.00**

E-MAIL ADDRESS (OPTIONAL):



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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED